

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1	1				
5		1				
6	1					
7	1					
8						
9		1				
10		1				
11		1				
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TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	17					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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